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## **TRANSMITTAL FORM**

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|------------------------------------|--|
| Application Number                 | 09/828049-Conf. #5766                            |
| Filing Date                        | April 6, 2001                                    |
| First Named Inventor               | Jason Souloglou                                  |
| Art Unit                           | 2192   |
| Examiner Name                      | C. C. Chow                                       |
| Attorney Docket Number             | 1801270.00126US1                                 |

| ENCLOSURES (Check all that apply)                       |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| X Fee Transmittal Form                                  | Drawing(s)   | After Allowance Communication to TC                            |  |  |  |  |
| Fee Attached  | Licensing-related Papers                                 | Appeal Communication to Board of Appeals and Interferences     |  |  |  |  |
| X Amendment/Reply                                       | Petition   | Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |  |  |  |  |
| After Final   | Petition to Convert to a Provisional Application         | Proprietary Information  |  |  |  |  |
| Affidavits/declaration(s)                               | Power of Attorney, Revocation Change of Correspondence A |  |  |  |  |  |
| x Extension of Time Request x Terminal Disclaimer       |  | Other Enclosure(s) (please Identify below):                    |  |  |  |  |
| Express Abandonment Request Request for Refund          |  | POSTCARD   |  |  |  |  |
| Information Disclosure Statement                        | CD, Number of CD(s)                                      |  |  |  |  |  |
| Certified Copy of Priority Document(s)                  | Landscape Table on (                                     | CD   |  |  |  |  |
| Reply to Missing Parts/ Incomplete Application  Remarks |  |  |  |  |  |  |
| Reply to Missing Parts under 37 CFR 1.52 or 1.53        |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT              |  |  |  |  |  |  |
| Firm Name WILMER CUTLER PICKERING HALE AND DORR LLP     |  |  |  |  |  |  |
| Signature   |  |  |  |  |  |  |
| Printed name Ronald R. Demsher                          |  |  |  |  |  |  |
| Date June 13, 2006                                      |  | Reg. No. 42,478  |  |  |  |  |

| I hereby certify that this pape<br>the date shown below with s | or (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on ufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. 2313-1450.  Signature (Lisa A. Calder) |
|--|--|
| Box 1450, Alexandria, VA 2                                     | 2313-1450. U   |
|  | $\approx$ 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  |
| Dated: June 13, 2006   | Signature Color (Lisa A. Calder)   |

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| FEE TRANSMITTAL For FY 2006    X   Applicant claims small entity status. See 37 CFR 1.27   First Named Inventor. Jason Souloglou   Examiner Name   C. C. Chow   And Unit   2192  | nder the Hise Work Reduction Act of 1995, no person are required to re  |                   | respond to a concello     |                                      | lete if Kno    |                           |                |                |  |  |  |
|--|---|-------------------|---------------------------|--------------------------------------|----------------|---------------------------|----------------|----------------|--|--|--|
| FEE CALCULATION (All the fees below are due upon filling or may be subject to a surcharge.)  I BASIC FILING, SEARCH, AND EXAMINATION FEES FILING, FEES SHALL SHAND TUPE FILING, SEARCH, AND EXAMINATION FEES FILING, FEES SEARCH FEES EXAMINATION FEES SEARCH FEES SEARC   | Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).   |                   |                           |                                      |                |                           |                |                |  |  |  |
| FOR FY 2006    Flist Named Inventor   Jason Souloglou   Examiner Name   C. C. Chow   | FEE TRANSMITTAL   |                   |                           | 7 Application 1 turnson              |                |                           |                |                |  |  |  |
| Examiner Name   C. C. Chow   Art Unit   2192   TOTAL AMOUNT OF PAYMENT   (\$) 125.00   Attorney Docket No.   1801270.00126US1  |   |                   |                           |                                      |                |                           |                |                |  |  |  |
| X   Applicant claims small entity status. See 37 CFR 1.27   Art Unit   2192  | 1 01  | 1 200             | <u> </u>                  |                                      |                |                           | ,              |                |  |  |  |
| METHOD OF PAYMENT (s) 125.00   Attorney Docket No.   1801270.00126US1  | X Applicant claims small  | antity status     | See 37 CFR 1 27           |                                      |                | <del></del>               |                |                |  |  |  |
| METHOD OF PAYMENT (check all that apply)   |   |                   |                           | 4004070 004001104                    |                | 26US1                     |                |                |  |  |  |
| Check Credit Card Money Order None Other (please identify):    Deposit Account Deposit Account Number, 08-0219 Deposit Account Name: Willmer Cuttler Pickering Hale and Dorr LLP   For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee   Charge fee(s)   Charge fee(s) indicated below, except for the filing fee   Charge fee(s)   | TOTAL AMOUNT OF PAY   | MENI              | (\$) 125.00               | Attorney Docket No. 1801270.00126031 |                |                           |                |                |  |  |  |
| Deposit Account Deposit Account Number, 08-0219 Deposit Account Name: Willmer Cutter Pickering Hale and Dorr LLP For the above-Identified deposit account, the Director is hereby authorized to: (check all that apply)    X   Charge fee(s) indicated below   | METHOD OF PAYMENT (check all that apply)  |                   |                           |                                      |                |                           |                |                |  |  |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    X   Charge fee(s) indicated below  | Check Credit C  | ard               | Money Order No            | ne Other (                           | please identif | y):                       |                |                |  |  |  |
| Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee   X   Charge fee(s) under 37 CFR 1.16 and 1.17   X   Credit any overpayments   X   Credit any overpayment   X   | X Deposit Account Depo  | sit Account Num   | nber: 08-0219 Deposit Acc | count Name: Wil                      | mer Cutler     | Pickering F               | lale and Dorr  | LLP            |  |  |  |
| Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17   X Credit any overpayments  | For the above-ident   | ified deposit     | account, the Director is  | s hereby authorize                   | ed to: (check  | all that apply            | <b>'</b> )     | 1              |  |  |  |
| Teles   Second   Teles   Tel   | x Charge fee(s)   | indicated be      | elow                      | Charge                               | e fee(s) indi  | cated below,              | except for the | filing fee     |  |  |  |
| Residence  | X Charge any ac   | dditional fee     | (s) or underpayment of    | x Credit                             | any overpay    | ments                     |                |                |  |  |  |
| Filling FEES   Small Entity   Fee (\$)   Fee |   |                   |                           | n filing or may                      | be subjec      | t to a surcl              | narge.)        |                |  |  |  |
| Samplication Type  | 1. BASIC FILING, SEARCH   | I, AND EXA        |                           |                                      |                |                           |                |                |  |  |  |
| Application Type   |   | FILIN             |                           |                                      | EXAMINA        |                           | _              |                |  |  |  |
| Utility  | Application Type  | Fee (\$)          |                           |                                      | Fee (\$)       |                           | Fees Pai       | d (\$)         |  |  |  |
| Design   200   100   100   50   130   65   |   |                   |                           |                                      |                |                           | <del></del>    |                |  |  |  |
| Plant  | •   |                   | 100 100                   | 50                                   | 130            | 65                        |                |                |  |  |  |
| Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   | U   |                   |                           | 150                                  | 160            | 80                        | -              |                |  |  |  |
| Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  |   |                   |                           |                                      | 600            | 300                       |                |                |  |  |  |
| Exerces CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claims over 3 (including Reissues)  Each independent claims over 3 (including Reissues)  Multiple dependent claims  Fee (\$)  |   |                   |                           |                                      |                |                           |                |                |  |  |  |
| Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Fee P   |   | 200               | 100 0                     | Ū                                    | Ů              | Ů                         | Sr             | nall Entity    |  |  |  |
| Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest numer of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  HP = highest numer of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  (round up to a whole number) x  Fee Paid (\$)  |   |                   |                           |                                      |                |                           |                |                |  |  |  |
| Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$2.50 (\$12.5 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fees Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 2814 Statutory Disclaimer  2251 Extension for response within first month  Registration No.  (Altomey/Agent)  A2,478  Telephone  (617) 526-6000  |   | ing Reissue       | s)                        |                                      |                |                           | 50             | 25             |  |  |  |
| Total Claims   | · ·   |                   |                           |                                      |                |                           | 200            | 100            |  |  |  |
| -20 = x = Fee (\$) Fee Paid (\$)    HP = highest numer of total claims paid for, if greater than 20.   Indep. Claims   | Multiple dependent claims   |                   |                           |                                      |                |                           | 360            | 180            |  |  |  |
| HP = highest numer of total claims paid for, if greater than 20.  Indep. Claims  | Total Claims Extra  | Claims            | Fee (\$) Fee              | Paid (\$)                            | <u>Mu</u>      | Multiple Dependent Claims |                |                |  |  |  |
| Indep. Claims    Extra Claims   Extra Claims   Fee (\$)   Fee Paid (\$)    -3  | - 20 =  | x                 |                           |                                      | <u>Fee</u>     | (\$)                      | Fee Paid (\$)  |                |  |  |  |
| - 3 =  | HP = highest numer of total clair   | ns paid for, if g | reater than 20.           |                                      |                |                           |                |                |  |  |  |
| HP = highest numer of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  1.00 =   | Indep. Claims Extra   | Claims _          | Fee (\$) Fee              | Paid (\$)                            |                |                           |                |                |  |  |  |
| 3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof -100 = /50 (round up to a whole number) x = // (round up to a whole number) x = // (Fee Paid (\$))  Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 2814 Statutory Disclaimer 65.00  2251 Extension for response within first month 60.00  |   |                   | =                         |                                      |                |                           |                |                |  |  |  |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof fee (\$) Fee Paid (\$)  - 100 =/50   |   | ·                 | for, it greater than 3.   |                                      |                | <del></del>               |                |                |  |  |  |
| Total Sheets Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)  | listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 |                   |                           |                                      |                |                           |                |                |  |  |  |
| - 100 =  |   |                   |                           |                                      | _              |                           | P P.           | :~! (A)        |  |  |  |
| A. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge):  2814 Statutory Disclaimer 2814 Statutory Disclaimer 65.00 2251 Extension for response within first month 60.00  SUBMITTED BY Gignature Registration No. (Attorney/Agent) 42,478 Telephone (617) 526-6000  |   |                   |                           |                                      |                |                           | <u>Fee Pa</u>  | <u>ia (\$)</u> |  |  |  |
| Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 2814 Statutory Disclaimer 65.00 2251 Extension for response within first month 60.00  SUBMITTED BY Gignature  Registration No. (Attorney/Agent) 42,478 Telephone (617) 526-6000   | 4. OTHER FEE(S)   |                   |                           |                                      |                |                           | Fees Pa        | aid (\$)       |  |  |  |
| Other (e.g., late filing surcharge): 2814 Statutory Disclaimer 2251 Extension for response within first month 65.00 60.00  SUBMITTED BY Registration No. (Attorney/Agent) 42,478 Telephone (617) 526-6000  | Non-English Specification. \$130 fee (no small entity discount)   |                   |                           |                                      |                |                           |                |                |  |  |  |
| SUBMITTED BY  Registration No. (Attorney/Agent) 42,478 Telephone (617) 526-6000  | Other (e.g., late filing surcharge). 2814 Statutory Disclaimer  |                   |                           |                                      |                |                           |                |                |  |  |  |
| Registration No. (Attorney/Agent) 42,478 Telephone (617) 526-6000  | 2251 Extension for response within first month 60.00  |                   |                           |                                      |                |                           |                |                |  |  |  |
| (Attorney/Agent) 42,478 Telephone (017) 320-0000   | SUBMITTED BY  |                   |                           |                                      |                | <del></del>               |                |                |  |  |  |
|  | Signature (   | N.                | ~                         |                                      |                | Telephone                 | (617) 526-6000 |                |  |  |  |
|  | Name (Print/Type) Ronald R. Demsher Date June 13, 2006  |                   |                           |                                      |                |                           |                | 2006           |  |  |  |
|  |   |                   |                           |                                      |                | <u> </u>                  |                |                |  |  |  |

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: June 13, 2006 Signature: Lisa A. Calder) U(Lisa A. Calder)

Dated: June 13, 2006